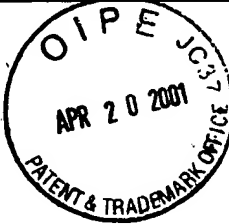


BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A32851-PCT-USA-A
	In re Application of <u>Daniel et al.</u>	
	Application Number <u>09/462,387</u>	Filed <u>04/19/00</u>
	For <u>SILICA-CONTAINING RUBBER</u> * see attached	
	Group Art Unit <u>1714</u>	Examiner <u>Shosho, C.</u>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> </div> <div style="width: 25%; text-align: right;"> <p>\$ _____</p> <p>\$ <u>390</u></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div>		

RECEIVED

APR 25 2001

TC 1700

04/16/01

Date

PTO Reg No.: 46,861



Signature

Michelle M. LeCointe

Typed or printed name

☐ Total of _____ forms are submitted.

04/23/2001 SSESHE1 00000081 09462387

01 FC:116

390.00 DP